

Nieuw Amsterdam HALW Inc. Incident Report

REQUIRED INFORMATION: To be completed for all incidents
GENERAL INFORMATION

Vessel or Facility Name <i>Nieuw Amsterdam</i>	State or Document Number <i>IMO 8024014</i>	Nationality <i>DUTCH</i>	Gross Tons <i>33930</i>	Net Tons <i>16027</i>
Type of Vessel (Use) <i>cruise</i>	Length of Vessel <i>214.65</i>	Draft (fwd/aft) <i>7.50 m</i>	Breadth (width) <i>31.5 m</i>	Propulsion (steam, diesel, gas, turbine) <i>diesel</i>
Hull Material <i>steel</i>	USCG Certificate of Inspection issued where? <i>Bureau May 21</i>	Date of Construction and Place Built <i>1981-1983 St Nazaire</i>		
Owner's Name, Address and Telephone <i>Holland America Line - Antilles</i>		Operator's Name, Address and Telephone <i>Holland America Line - Westours</i>		

REPORTING PERSON INFORMATION

Person Completing Report <i>S. de Boer</i>	Master or Pilot if different <i>no</i>	Witness	Witness
Address and Phone Number <i>300 Elliott Ave Seattle WA 98119</i>	Address and Phone Number	Address and Phone Number	Address and Phone Number
Document or License Number <i>n/a</i>	Document or License Number	Document or License Number	Document or License Number
Position or Title <i>Chief Officer</i>	Position or Title	Position or Title	Position or Title

INCIDENT INFORMATION

Date of Incident <i>5/23/00</i>	Time of Incident <i>0911</i>	Name of Waterbody where Incident occurred: (Lat/Long) <i>Glacier Bay</i> _____ ° N Lat, _____ ° W Long	
Estimated Damages/Loss: Vessel: <i>est</i> \$ <i>200,000</i> Cargo: \$ <i>N/A</i> Repair: \$ Other: \$	Elements of Incident: (Check as many as apply) <input type="checkbox"/> Death <input type="checkbox"/> Wake Damage <input type="checkbox"/> Ice Damage <input type="checkbox"/> Drug Involvement <input type="checkbox"/> Missing <input type="checkbox"/> Flooding, Swamping <input type="checkbox"/> Damage to Aids to Navigation <input type="checkbox"/> Alcohol Involvement <input type="checkbox"/> Injured <input type="checkbox"/> without sinking <input type="checkbox"/> Steering Failure <input type="checkbox"/> Other: describe below <input type="checkbox"/> Hazardous Material released <input type="checkbox"/> Capsizing <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Oil Spill <input type="checkbox"/> Sinking <input type="checkbox"/> Electrical System <input type="checkbox"/> Was Pollution observed? <input type="checkbox"/> Cargo container lost <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Structural/Hull Failure <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Collision <input type="checkbox"/> Explosion <input type="checkbox"/> Firefighting Equipment <input type="checkbox"/> How much _____ gal. <input type="checkbox"/> Grounding <input type="checkbox"/> Diving Accident <input type="checkbox"/> Lifesaving Equipment <input type="checkbox"/> Type: _____		
Last Port <i>Sitka</i>	Time/Date of departure <i>5/22 18:00</i>	Destination <i>Glacier B.</i>	ETA at Destination <i>0700</i>

INVOLVED PARTY INFORMATION

Please list as fully as possible all people present, involved, or affected by incident, as well as any vessels or facilities affected

numerous

U.S. COAST GUARD
MSOJ-2692

MARINE INCIDENT
REPORT

MSOJ NEAU CASE NUMBER

COMPLETING THIS FORM

This form satisfies the requirements for written reports of accidents found in the Code of Federal Regulations for commercial vessels and diving. The kinds of accidents that must be reported when they occur aboard a commercial vessel are:

- *All Groundings, intentional or accidental.
- *Any loss of propulsion, full or partial.
- *Any injury which involves medical treatment beyond first aid and which makes the person unable to perform his or her duties.
- *Any collision
- *Any capsizing or swamping.
- *Any incident involving pollution from a vessel.

- *Any loss of steering, full or partial.
- *Any incident involving a loss of life. Persons missing at sea.
- *Any incident which makes a vessel unfit for service or unseaworthy, such as fire, flooding, or equipment failure, especially fire fighting or lifesaving equipment.
- *Any sinking.
- *Any incident causing \$25,000 damage.
- *Any injury to personnel during a commercial dive.

BLOCKS WHICH MUST BE COMPLETED:

GENERAL INFORMATION
INCIDENT INFORMATION
PERSON IN CHARGE INFORMATION
WEATHER INFORMATION

REPORTING PERSON INFORMATION
INVOLVED PARTY INFORMATION
DESCRIPTION OF CASUALTY
POLLUTION INFORMATION

BLOCKS WHICH MAY BE APPLICABLE

TOWING INFORMATION FLOODING/SINKING INFORMATION FIRE/EXPLOSION INFORMATION
EQUIPMENT FAILURE INFO GROUNDING/COLLISION INFORMATION
PERSONNEL INJURED, LOST, OR KILLED INFORMATION

Think sequentially! List each event which occurred: Loss of Steering, Grounding, Flooding, Abandon Ship, Sinking, and Oil Spill, for example. Information you provide here will help the Investigating Officer determine the proximate cause of the incident, and make it possible to avoid calling you to the Marine Safety Office to get the information later. Please mark N/A in any block which you feel is not applicable to the incident.

***Regulations require you to complete and mail this form to the originating office not more than five days after the date of the incident.

DESCRIPTION OF INCIDENT: To be completed for all incidents.

Describe how the incident occurred, damage, information on alcohol/drug involvement and any recommendations for corrective safety measures. Please attach additional sheets of paper as necessary.

fire in crew cabin D-98, quickly extinguished
by fire fighting personnel.

Vessel or Facility Name

Nieuw Amsterdam

State or Document Number

IMO 802A014

Name (PRINT)

S. de Boer

Signature



Date

5/25/00